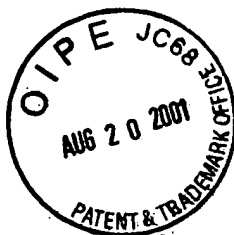


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TECH CENTER 1600/2900

**Application Data Sheet**

**Application Information**

Application number:: 09/724,319  
Filing Date:: 11/27/00  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??::  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission:: Yes  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF:: 0  
Title:: PREVENTION AND TREATMENT OF  
AMYLOIDOGENIC DISEASE  
Attorney Docket Number:: 15270J-004743US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 16  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: Yes  
Petition Type:: Petition Under 37 CFR 1.136(a)  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dale  
Middle Name:: B.  
Family Name:: Schenk  
Name Suffix::  
City of Residence:: Burlingame  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1542 Los Altos Drive  
City of Mailing Address:: Burlingame  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94010

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Designation::	Representative Number::	Representative Name::
Primary	37,505	Joe Liebeschuetz
Primary	30,223	William B. Smith
Associate	42,397	Rosemarie L. Celli

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/322,289	05/28/99
09/322,289	Continuation-in-part of	09/201,430	11/30/98
09/201,430	Non-Provisional of	60/080,970	04/07/98
09/201,430	Non-Provisional of	60/067,740	12/02/97

### **Assignee Information**

Assignee Name::	Neuralab Limited
Street of mailing address::	102 St. James Court
City of mailing address::	Flatts, Smiths
State or Province of mailing address::	
Country of mailing address::	Bermuda
Postal or Zip Code of mailing address::	FL 04